of OCCUPA-

STATE OF MADVI AND-CEDTIFICATE OF DEATH

1. PLACE OF DEATH	MANILAND	CERTIFICATE OF BEATTI	20
County Dorchester		Paristration Diet No. 7776	
Village or City Cambridge	и а .	Registration Dist. No. II6	
	(1	No. St., f death occurred in a hospital or institution, give its NAME histead of street and n	umber)
Length of residence In city or town where death	occurred_35yrs,mos	sds. How long in U.S. if of foreign birth?ma	sds.
2. FULL NAME Mary E. A	irey.	If U. S. Veteran, specify WAR	
(a) Residence: No. 4I3 Hen	ry Street. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	0,
3. SEX 4. COLOR OR RACE 5. Female White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WILOWE (L.	21. DATE OF DEATH March I2th (Month) (Dey)	, 193.6 (Year)
(Or) WILL OF THE	Orem.	22. I HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month, day, and year)	29/1859	I last saw has elive on Man 2 1914	
7. AGE Yeers Months	Days If LESS than	to heve occurred on the dete stated above, et IO. 30m. P.M.	
76 6	I3 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular		0	->r
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	ne	- Uneumorna - Lobar	Mar. 8.
work wes done, es SILK MILL.	x		
SAW MILL, BANK, etc	11. Totel time (yeers) spent in this occupetion		
12. BIRTHPLACE (city or town) Pocomoke	City. Mf.	Other Contributory Causes of Importence:	
(State or country)		Morardetis	1954
13. NAME Andrew Crisp.			3-2
13. NAME Andrew Crisp. 14. BIRTHPLACE (city or town) Not Kn		Neme of operation Dete of	-
(Stete or country)		What test confirmed diagnosis?	utopsy?
置 15. MAIDEN NAME Julia Youn	lg.	23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Julia Youn 16. BIRTHPLACE (city or town) Not K (Stete or country)	nown	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Mrs Charles Or (Address) Cambridge M	em.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	GITE IGC	Manner of injury	
PlaCambridge, Md.	Oate 3/15/36, 19	Neture of injury	
19. UNDERTAKER Granville S	. LeCompte	24. Wes diseese or injury In eny wey related to occupetion of deceesed?	hu.
(Address) Cambridge		If so, specify	
20. FILED 3 - 14 19 3 6 9 22		(Signed) 1021 16 Oprava	
	Registrar.	(Address)	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago DI WATTARIQUE Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

certificate.

ITON is very important. See instructions on back of

Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	_			
County Dorchester			Registration Dist. No. // O	
Village or City Near Hurlo	ck, (or	it-side)	No. St.,	Ward
Length of residence In city or town where death	h occurred		NO. St., f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos	
2. FULL NAME Mary P.	Andrews	3	if U. S. Veteran, specify WAR	
(a) Residence: No. Hurlo	CK, Md.	R.F.D.	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRI OR DIVORCED (Widowe	write the word)	21. DATE OF DEATH March, 25th., 1936 (Month) (Day) (Ye	ear)
5a. If married, widowed, or divorced HUSBAND of William J. A	ndrews,		22. I HEREBY CERTIFY, That I attended decease 3/25, 1936, to 3/25/, 19	d from
6. DATE OF BIRTH (month, day, end year) AUE	. Toth.	T860	I lest say h are alive on 3/25/36,19 ; death	_
7. AGE Yaars Months	Deys	If LESS than	to heve occurred on the dete stated above, et 3-35-Pm. M.	
66 7	6	1 day,hrs.	mare se follows:	
8. Trade, profession, or particular	-		Myseardity + Dates	fonset
DANTER, DOORNEETER, OLG.	ouse-wo	rk	- A.	
9. Industry or business in which work was done, as SILK MILL,	N. C.		while by	
SAW MILL, BANK, etc	11. Total time	(vaars)	Chronic myocardition Cure of	
this occupation (month and 311 193	6 spent i	in this T . O	Duration: not stated.	
Domala	ester C	^	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) DOF CITE (Stata or country)	spiel 0	_ Md		
🖺 13. NAME Zederick V	Villin.			
	chester	Co.	Name of oparation Date of	
(Stata or country)		Md.	What test confirmed diegnosis? Was there an autopsy?	
置 15. MAIDEN NAME Harrie	ett Whi	te	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Harrie	carolin	e Co,	Accident, suicide, or homicide? Dete of injury 19	
(Stata or country)		Md.	Where did injury accur?	
17. INFORMANT Alton A. (Address) Hurlock,		F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury, Md.		27",1936	Manner of injury Neture of injury	
19. UNDERTAKER J.T. Frampton (Address) Federalsb	m & Son urg. Md	•	24. Was disease or injury in eny way related to occupation of decaased?	
20. FILED MOR 27 , 19.36 1) . /	Registrar.	(Signad) Shoger Myers (Address) & willow mil	_ M. D.

V. S. No. 1

-WRITE PLAINLY,

N. B.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
APR 8 1036			
Other contributory causes of importance: \ 8		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.20
County Dorchester	Registration Dist. NoII6
Village or City Cambridge	death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 2/ ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/ Lelen Jalmer ansti	ne If U. S. Veteran, specify VR 200
(a) Residence: No. Consultation (Usual place of abords)	St., Ward. Washington O.C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH march (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Guidmon H. anstine	1 HEREBY CERTIFY, That I attended deceased from Tebruary 25, 1936, to marely 6, 1936
6. DATE OF BIRTH (month, day, and year) and 31 at 1895	I last saw hend alive on moreh 16 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8.3.5 A.m.
41 / 150 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance Property as follows: Date of opset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL.	France my ocarditio Respons
9. Industry or business in which work wes done, as SILK MILL, Don home SAW MILL, BANK, etc	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) One of the second secon	ne
12. BIRTHPLACE (city or town) Something (State or country)	Other Contributory Causes of importance:
13. NAME Thomas Colones 14. BIRTHPLACE (city or town) Beckyorth hech	Depression manie ag
14. BIRTHPLACE (city or town) Decly The (Stete or country)	Name of operation
15. MAIDEN NAME Anniel Stevens	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO THE TOTAL OF	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANGO Stern Phone State Soop. Near	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL PIACAMBRIDGE, Md. Date 3/18/36., 19	Manner of Injury
19. UNDERTAKER Grantille S. LeCompte (Address)	24. Was disease or injury in any way related to occupation of deceased? 200.
20. FILED 3 - 18, 13 Registrar.	(Signed) Larley Habally M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis APP & 199	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(R5.2) X
County Dorchista	Registration Dist, No. 116
Village or City Cambridge had	No Ct Word
	death occurred in a hospital or institution, give its NAME instead of meet and number) ds. How long in U.S. if of foreign birth?yrs
	17
2. FULL NAME / Coman M. Voar	Ol Ward Str.
(a) Residence: No. 3/9 [Manuflum Usual place of abode)	St., Ward. St., If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
hate White mamide	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of anna tiskn NM.	
6. DATE OF BIRTH (month, day, and yeer) Junk 11 1853	1 last sew h han aliva on 3/29 1,1936; deeth is said
7. AGE Years Months Bays If LESS than 1 dayhrs.	to have occurred on the data stated abova, at
80 0 ormin.	were es follows: Date of onset
Trade, profession, or perticular kind of work done, as SPINNER, Research Stones SAWYER, BOOKKEPER, etc.	abrees of lim
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total tima (years) this occupetion (month and the year) year)	
Jean J	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) (Stete or country)	70-1000 4 - 00 1110 11 00 11
E 13. NAME Human banth.	
14. BIRTHPLACE (city or town)	Name of operation. Dete of
(Stata or country)	What tast confirmed diagnosis? Was there an eu'opsy? W
15. MAIDEN NAME July	23. If death wes dua to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ma Vinna Wiffly (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Charles Water Of M. 1 1906	Nature of injury.
19. UNDERTAKER / Trank S. Whanfl	24. Was diseasa or injury in any way releted to occupation of deceased?
(Address)	If so, specify Ly
20 FILED 3-31 1936 Gray mous	(Signed) Cambuly MA.
Register.	" ("WUV33)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1936-3-29 12

V. S. No. 1

1	1. PLACE OF		OF MAR	ILAND		Registration Dist. No	2847
	Village or C	ity Cambride		(If	Nodeath occurred in a hospita	al or institution, give its NAME instead	St., Ward
	Length of resid	dance in city or town where	daath occurrad	yrsmos	ds. How long li	n U.S. if of foraign birth?	sods.
2	2. FULL NA	ME Mollie	E. Bell	?	If U. S. 1	Veteran, specify WARNo	
gantegan	(a) Residen	ce: No. IO8 Wat	er St., (Usual place	of abode)	St., I Ward	If nonresident give city	
		AL AND STATIS	TICAL PARTI	CULARS	MEDIC	CAL CERTIFICATE OF L	DEATH 1/2
- 11	sex Female	4. color or race White		RIED, WIDOWED, D (write tha word) I e d	21. DATE OF DE	Month) (De	, 193 (Year)
5a.	. If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced Willis Bel	11 .			REBY CERTIFY, The	
6.	DATE OF BIRTH (month, day, and yeer)	5/5/1883	3		ive on 2006. 25	
_	AGE Yaa		Days	If LESS than	to have occurred on the	date stated ebova, at 7.250, m.	
		53 IO	I9	1 day,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related causes of Imp	Date of onset
OCCUPATION	9. Industry or work was	ssion, or particular york dona, as SPINNER, BOOKKEEPER, atc businass in which dona, as SILK MILL, L, BANK, etc	House I	Vife	Bronaf	Ro- freewo	3/24/4
00	this occu	ad last workad at pation (month and 5/2)	TZC eno	ima (yaers) ntin this upation3I	Other Contributory Caus	see of Importance	
12	(State or cour			l, Md	Sellen	Jugo Carlata	8/22/2
ER		Richard Aar			Steabal	₹3	8/6/35
FATHER	14. BIRTHPLACE (Stata or	(city or town) HOOT country)	ers Isla	and, Md.		gnosis? W	
ER	15. MAIDEN NA	ME Not P	nown			xternal causes (VIOL ENCE) fill in elso	
MOTHER	16. BIRTHPLACE (State or	(city or town)llcountry)	X		Accident, suicide, or how	micide? Data of in	
	(Address)	Hatold Ada			Specify whathar injury ((Specify city or town, co occurred in INDUSTRY, in HOME, or i	n PUBLIC PLACE.
18		on, or REMOVAL bridge, Md.	Date 3/2	28/36 19	Mannar of injury		
19). UNDERTAKER (Address)	Granville Cambride	S. LeCo	ompte	24. Was disaasa or injury	y in any way ralated to occupetion of o	dacaased?
20), FILED. 3	28,1936	Jun	Registrar	(Signed) (Address)	Bambridge	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AFR 8	July 5, 1927	Peritonitis	3 days ago	
- V. S.				
Other contributory causes of importance:	·	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in off or town where deeth-occurred. How long in U.S. if of foreign birth?... statement If U. S. Veteran, specify WAR If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RECO 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, (Month) (Day) (Year) 5a. If married, widowed of diverced HUSBAND of HEREBY CERTIFY, That I ettended daceased from 2nd. 6. DATE OF BIRTH (month, day, and year) certificate, If LESS than properl 7. AGE Months to have occurred on the date stated abova I day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset Lobar Pneumonia. 8. Treda, profession, or particular LION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... o f may back 9. Industry or business In which pluous work was done, as SILK MILL, SAW MILL, BANK, etc._____ 11, Total tima (years) on 10. Date daceased last worked at this occupation (month and spent in this that yaar) occupation ... instructions Other Contributory Couses of importance Senile (State or country) supplied FATHER Name of operation 14. BIRTHPLACE (city or tow (Stete or country be carefully What test confirmed diagnosis?_____ Was there an autopsy?____ ā OTHER important. 23. If death was due to externel causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods very 17. INFORMANT (Address) OF 18, BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury NOIL 24. Was disease or injusy in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

76 //

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Vienna,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II		
e of death and related causes e as follows:	Date of onset	
	1 week ago	
•	1 week ago	
	3 days ago	
causes of importance:		
	1 year	
	causes of importance:	

V. S. No. 1

TION is very important. See instructions on back of certificate.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0.40
1	. PLACE OF DEATH	(30)	343
2	County Dorchester	Registration Dist. No	19
	Village or City Crocheron Md. (H	NoSt.,	Ward
	(If Length of residence in city or town whara death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and second secon	mosds.
2	FULL NAME Joseph F. Bennett.	If U. S. Veteran, specify WARNO	
		St., Ward. If nonresident give city or town a	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male 4. COLOR OR RACE Male White Married Married Married Married	21. DATE OF DEATH March (Month) (Day)	, 193 6 (Year)
	HUSBAND of Lizzie Walter		19.3.5
_	DATE OF BIRTH (month, day, and year) 4/17/1873	I last saw have alive on 2000. 8 ,193	.; death is said
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at S	
_	62 IO 17 ormin.	Bhrowie mus - coulit	Date of onset
COL	kind of work done, as SPINNER, Waterman.		7-1-1-2-
JP.A	Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		
250	Data deceased last worked at this occupation (month and 0/1/34 spent in this occupation Life	2	
12.	BIRTHPLACE (city or town) (Stata or country) Virginia.	Other Contributory Causes of importance:	(1)
ER	13. NAME James Bennett.	- protection	10/1/32
FATHER	14. BIRTHPLACE (city or town)	Name of operation	
-		What test confirmed diagnosis? Was there a	
MOTHER	16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Where did injury occur?	
17.	INFORMANT Mrs Joseph Bennett. (Address) Crocheron, Md.	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18.	BURIAL, CREMATION, OR REMOVAL PINCE AMBRICAGE, Md. Data 3/6/36,49	Manner of injury	
-	UNDERTAKER Granville S. Le Compte. (Address) Cambridge, Maryland. FILED 3/6 1936 Welson & Pritchett	24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signad) Vaccus	M. D.
20.	Recitary	(Address) loanered	40

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1982	1915	Attack of epilepsy	1 week ago
through miergialant metaling	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ite	S	Jo	
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every itel	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	USE-OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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	RECC	. PE	Exact	
k	LZ	LY		
NIN	ANE	CT	sified	
I I	RM	XA	clas	
n n	PE	q E	erly	cate
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KG	NFA	plied	erms	instr
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deat! How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR Il nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of ERTJFY. That Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city of town) (State or country) 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTHI Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury_ (Address) If so, specify (Signed) (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Y.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cof importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APP	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5, 1927	Peritonitis	3 days ago
And the state of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY.

AGE should be

ion should be carefully supplied.

KRITE PLAINLY,

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	950
County Dorchesler Co	Registration Dist. No. 112
Village or City Dieuna Wist	NoSt.,Ward
// 3	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Donald Richard Bow	2
711 0 7 1	If U. S. Veteran, specify WAR PLD
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) Suryle	21. DATE OF DEATH 28 , 1936 (Month) (Day) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22.) HEREBY CERTIFY And I attended deceased from
6. DATE OF BIRTH (month, day, and year) ? Oct. 19, 1891	1 last saw h alife on 1936; daeth is seid
7. AGE Years Months Days If LESS than 1 day, hrs or min.	to heve occurred on the date stated above, at 4mm
S. Kada, profession, or particular kind of work dona, as SPINNER, Hell Sabout	doute en docardites;
9 Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Oata deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Decume Wish (State or country) 1009, Co.,	Other Contributory Causes of Importance:
13. NAME Charles Lower 14. BIRTHPLACE (city or town) Richard (State or country) Versions	Name of operation Oate of Oate of
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Venue hast	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country) Wor C	Where did injury occur?
17. INFORMANT Don. Bowens (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Center Date Mar 31 1936	Manner of Injury
19. UNDERTAKER & Meier of Cambridge MA	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED March 80, 1936 Elijabeth A. braft weal Registrar.	(Signed) And M.D. (Address) And But M.D.
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory tanses of importances	#	Other contributory causes of importance:	E-1114	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		<u> </u>		

WRITE

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infor-OCCUPA. plnods PHYSICIANS RECO 3 SEX 7. AGE back may plnods ono instructions supplied. FATHER 13. NAME carefully important. pe hould

1. PLACE OF DEATH County Dorchester : Registration Dist. No. II6 Village or City Cambridge, Md. ND. St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs. _____mos. Length of residence in city or town where death occurred___ 2. FULL NAME Sarah W. Brannock If U. S. Veteran, specify WAR____ (a) Residence: No. 217 High Street (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Female 5a, If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from Late Wm. J. Brannock (or) WIFE of 3/20/1857 6. DATE OF BIRTH (month, dev. end yeer) to have occurred on the date stated above. a P. M. m. If LESS then Yeers Months Devs 1 dey, hrs. T6 78 The PRINCIPAL CAUSE OF DEATH and reletad causas of importence or min. Date of onset 8. Treda, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.... None. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc...... 1D. Dete deceesed lest worked et 11. Total tima (years) this occupation (month end spent in this occupation X Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town) Vienna Md. anderin occorre (State or country) Levin B. Lewis. Vienna. 14. BIRTHPLACE (city or town) Name of oparation... (State or country) Whet test confirmed diagnosis?____ Marshall 15. MAIDEN NAME Marcaret 23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?. Date of injury ______ 19 (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) Wambridge. 18. BURIAL, CREMATION, DR REMOVAL Menner of injury MacCambridge Md. Date 3/8/36.19 Netura of injury 24. Wes diseese or injury in any wey releted to occupetion of deceased? 19. UNDERTAKER Granville S. LeCompte If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis APP 8 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state Exact statement UNFADING INK-THIS IS A PERMANENT RECO AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. VRITE PLAINLY

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE O				(13,) +	TTC
	Dorchester				Registration Dist. N	0.7.7.0
Village or	city Madison	n. Md.	(16	death occurred in a hospit	X al or institution, give its NAME instead	St., Ward
Langth of re	sidance in city or town who	ere death occurred			in U.S. if of foralgn birth?y	
2. FULL NA	ME William	n G. Bron	nwell.	If U. S.	Veteran, specify WARNQ	
		ison. Md.		St., Ward	i. 🗴 🗡	
		(Usual place	e of abode)	MEDI	If nonresident give city	
	NAL AND STATIS				CAL CERTIFICATE OF	DEATH
Male	Male 4. COLOR OR RACE White 5. SINGLe, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		21. DATE OF D	March 30th	, 193.6 (Yeer)	
5a. If merried, wido HUSBAND of (or) WIFE of		x		/	REBY CERTIFY, The	
6 DATE OF RIRTH	(month, day, and yeer)	5/14/186	50		live on Mearch to	
	ears Months	Deys	If LESS than	to have occurred on the	e date stated ebova, et IO. A. In	1.0
75	IO	I6	1 dey,hrs.	The PRINCIPAL CAUS	E OF DEATH and ralated causas of Im	portance Date of onset
Industry or work w	assion, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which es done, as SILK MILL, ILL, BANK, etc sed last worked at		tima (yeers)	Myrc	acentra	1934 1936
12. BtRTHPLACE (C) (State or co	city or town)Dor	chester (ant in this 55 cupetion 55	Other Contributory Can	ases of Importanca:,	1954
	dward Brom		~			
14. BIRTHPLAC	CE (city or town) Dor	chester (Md.	Name of operation Whet test confirmed dis	agnosis? Clissical	Was there an eutopsy? Ac
15. MAIDEN N	AME Mary Ja	ne Seware	3	23. If death wes due to	external causes (VIOLENCE) fill in also	o the following:
	CE (city or town)	orchester	c Co. Md.	Accident, suicide, or ho	omicide? Dete of	,
17. INFORMANT Mrs Alice Keene, (Address) Madison, Md.			Specify whether Injury	(Specify city or town, o occurred in INDUSTRY, in HOME, or	in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PlaCambridge, Md. Dete 4/I/3619			Manner of injury			
19. UNDERTAKER Granville S. Ic Compte (Addrass) Cambridge Maryland.			24. Was diseese or injute of the so, specify (Signed) (Address)	ry In eny way related to occupation of	decassed? 24	
,	If n	nore blanks are needed,	address State Registrar	, 2411 N. Charles Street, Bo	altimore, Requesting V. S. No. 1.	Med

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,19		Gastroenteritis	1 year

M	A - F	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	(Page 4 . 400 %
5	n of info	County Change	Registration Dist, No.
5	shou of O	" Village or City June 1	No. Magharia St Ward
M	. 70	(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
100	Every CIANS tement	Plantie Pro	
		2. FULL NAME/CACCO E SOL	WWY TU. S. Veteran, specify WAR
	YSI Stat	(a) Residence: No. 3 WWW (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PHY per si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECC. PHExact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	1 .	male Colord OR DIVORCED (write the word)	(Month) (Day) (Year)
NG	ANENA CT	5a. If married, widowed, or divorced HUSBAND of	
BINDIN	A ((or) WIFE of	1 HEREST CERTIFY, That I affended degrated from
Z.	ERN EX cl	6. DATE OF BIRTH (month, day, and year) 28 dwg. 1935	I last saw have alive on Alanch 25.19.36 death is said
111	P at	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 mg. 2m
OB	IS A stated proper	0 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
F	7.0	9 Trade profession or particular	Date of onset
	Hado	S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Marasmus much
	should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, elc	206
国	Sho sho on b	0 10. Date deceased last worked at 11. Total time (years)	/36
RESER		this occupation (month and spent in this occupation	A
<u> </u>		12. BIRTHPLACE (city or town) Camblindal and	Other Contributory Causes of Importance
Ä	ADII d s, so ructi	(Stale or country)	Andrew March 20 136 201
RC	UNFA upplied terms, instr	13. NAME andlelew Calmish	1 A monte 25/34 /86
	D # 2 "	14. BIRTHPLACE (city or town) Blckwinlek, mo	Name of operation / 1000 Pate of 17000
	Tri Ily olai	(otato of obality) (Research	What test confirmed diagnosis?
	> 2 - 1	15. MAIDEN NAME 200 PAR AND Should Sh	23. If death was due to external causes (VIOLENCE) fill in also the following:
	carel CH in	o 16. BIRTHPLACE (city or town) Castom Shoule	Accident, suicide, or homicide?
All	AINLY, ld be cal DEATH y import	(State or country) Ungmid	Where did injury occur? (Specify city or town, county and State)
	PA	17. INFORMANT COMMENT & almiste	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PLA hould OF D	(Address) 18. BURIAL, CREMATION OR REMOVAL	
	E E E	Place Silet City Date 3 3 0 1936	Nature of injury
	-WRIT	90, -2400	24. Was disease or injury in any way related to occupation of deceased?
0.1	CA	19. UNDERTAKER (MILL) IT (MILL) (Address) Care of the Mills of the Mil	If so, specify
S. No.	m A	20. FILED 3 - 30, 136 John muls	(Signed) Paro La Company
>	Z	20. FILED St. 1982 95 Registrar.	(Address) Chukhada h
	130	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related eauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week aga Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: 5. Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

M	item of infor- should state of OCCUPA-
	WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC. ID. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
BINDING	PERMANENT EXACTLY Is classified.
ED FOR	HIS IS A lbe stated be proper of certifica
MARGIN RESERVED FOR BINDING	AGE should to that it may titions on back
MARGIN	ITA UNFAD ully supplied. plain terms, s t. See instruc
	Antife PLAINLY, WITH UNFADING INK—THIS IS A PERmation should be carefully supplied. AGE should be stated ECAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.
F	mation sh CAUSE C

STATE OF MARYLAND	CERTIFICATE OF DEATH 2855
1. PLACE OF DEATH	820
County Quak t.	Registration Dist. No.
Village or City (cure - 1 bul rede	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
1 0 0 10 00	
2. FULL NAME John M. Walfuns	R.F.t.
(a) Residence: No. / huma a mad	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jus. 1936
male a. a monda	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Unna Ma Walkens	72h.23. 1956, 10 mech. (L. 1936
6. DATE OF BIRTH (month, day, and year) File 22 1886	I last saw h alive on alive on f936; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7. a. m. www. 2 - 36
30 3 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of officer
kind of work done, as SPINNER, filemer SAWYER, BOOKKEEPER, etc.	Laguppe Cfallowed
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	Ly Carchal hewerbay
this occupation (month and 15 spent in this hafe occupation	
1180	Other Contributory Causes of importance:
(State or country)	04.0
" 13. NAME Samuellu Dack	aver follower
II IS. HAME IN ALL TO DEFINE	
14. BIRTHPLACE (city or town) fundamental (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
T The state of the	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sulfamous (State or country)	Accident, sulcide, or homicide?
my) - 10 and .	Where did injury occur? (Specify city or town, county and State)
(Address) Mening m. A	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL WAR	Manner of injury
Place Arelia Olm Dato Mar 5, 1936	- Nature of injury
0 1) 81. 4	
19. UNDERTAKER Jas Af Silvear	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Salsalury ond	If so, specify
20. FILED morch 3-, 1936 Elizabeth H. Graft.	(Signed) M.
// Ococal Registrar.	(Audioss) The state of the stat

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	270
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- V S 1			
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
. 1			
The state of the s	[

V. S. No. 1

1. PLACE OF DEATH	3 ×
County Dorchester	Registration Dist. No. 1/ D
	NoSt.,War
Length of residence In city or town where death occurredyrsm	osds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Still Som Ba	by Elhert +
(a) Residence: No. Hullow Ond	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 20 193 6
1/0-	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That Lattended deceased fro
(or) WIFE of	no luie 19 10 no luie 19
6. DATE OF BIRTH (month, day, and year) mor 20 1934	t last saw h Min alive on Mg Luis 19 ; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 C.m.
Stell S 1 day,hrs	ware as follows:
8 Trade profession or particular	Stico Brans
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
9. Industry or business in which	I I did not alleyd this
work was done, as SILK MILL, SAW MILL, BANK, etc	· Cuitt
SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Nr. Hurlock Md.	
(State or country)	
13. NAME James adoma 14. BIRTHPHACE (city or town) Maryland (State or country)	
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sutta Halte Elbert 16. BIRTHPLACE (city or town) Moreyland	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Moreyland	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17, INFORMANT Edgar Olhert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) fluiting ma	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Moshing on alabate Mer 11, 1931	O- Nature of Injury
19. UNDERTAKER Edgar Elbert	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) I frankly mu	If so, specify
20. FILED MOR 21., 1936 Has Mithe	(Signed) Those Myers M. (Address) How was M.

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	Example 1	1	Example 11	
The principal cause of of importance were as Arteriosclerosis	death and related causes ollows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephri		1921	Run over by street car	1 week ago
	APR 6 1936	1 1 1		1 week ago
Cerebral hemorrhage	APR 0 1550	July 5,1927	Peritonitis ·	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

I3. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

FATHER

MOTHER

(State or country)

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OR REMDVAL

	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	(2)
N	of of uld	County Corchesting	Registration Dist. No. / 1 6
	shor of O		NDSt., Ward death occurred in a hospital or institution, give its NAME (astead of street and number)
1	NS NS nt	Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?mosds.
	Eve	2. FULL NAME In Melian my. Jo	xuele If U. S. Veteran, specify WAR
	YSIC state	(a) Residence: No. Selicity Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	P.H.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**	NT RELY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
DING	IANE A C T assified	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from 22. 1936, to 24 and 2), 1936
BIND	E X Clark	6. DATE OF BIRTH (month, day, end year)	I lest sew harman alive on
R	A I ed	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1. YOA.m.
P	IS A Pl stated 1 properly	/L // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
9	be sof co	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	myria i a.
SERVEI	c—TF ould may back	nloustry or business in which work was done, as SILK MILL,	
ESE	E sho t it n	SAW MILL, BANK, etc	no further information. Cut 582
RI	G G tha	year) occupation	Other Contributory Causes of importance:

Name of operation_ 23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Where did injury occur?...

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,

Nature of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

(Signed).

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage (APR 8 1936	July 5,1927	Peritonitis	3 days ago
V. S.	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR BIN	
VED	

OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 29 ds. Length of residence in city or town where deeth How long in U.S. if of foreign birth?_____vrs. statement PHYSICIAN If U. S. Veteran, specify WAR. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SFX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE ol EXA certificate. 6. DATE OF BIRTH (month, day, end yeer) MA 7. AGE If LESS than Years Months Days 1 dey,____hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... pe Jo . Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... may back plnous 11. Total time (yeers) 10. Dete deceesed lest worked et this occupetion (month end spent in this that occupetion 15 instructions Other Contributory 12. BIRTHPLACE (city or town). (Stete or country supplied. FATHER 13. NAME See 14. BIRTHPLACE (ofty or town) Name of operation plain (Stete or country) carefully MOTHER important. 15. MAIDEN NAME 23. Il death wes due to external i. DEATH Accident, sulcide, or homicide! 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur pe plnous 17. INFORMANTS very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL SE LION CAU 19. UNDERTAKER Granville S. LeCompte (Address) Il so, specifé

II6

CERTIFY. That I attended deceased from to have occurred on the dete steted above, at 9.40 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date olonset y city or town, county and State) 24. Was diseese or injury In any way releted to occupation of deceesed Registrar. (Address) _: If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis and Q 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

2859

1. PLACE OF DEATH			
County Dorches	ter		Registration Disl. No. // 0
	liance		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town	n where death occurred!	2.Oyrs±mos	s. 7ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Hat	tie Virgin	ia Harris	If U. S. Veteran, specify WAR
(a) Residence: No.	Seaford, D. (Usual place	el. R.F.D	St., Ward. If nonresident give city or town and State
PERSONAL AND STA	TISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RA	OR DIVORCE	RRIED, WIDOWED, ED (write the word) S1e	21. DATE OF DEATH March, IO'' (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. HEREBY CERTIFY, Thet I attended decessed from 1934, to March 8, 1936
6. DATE OF BIRTH (month, day, end yea	Nov, 3rd	. 1867	I last saw h. & . alive on March 8 1936; deeth is sah
	onths Oeys	If LESS then 1 dey,hrs.	to have occurred on the date steted above, et. 2-00-R. M. The PRINCIPAL CAUSE OF DEATH end related causes of importance
2 Trade profession or particular	VER. UCING	ormin.	were as follows: Oate of eneet Oate of eneet
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MIL SAW MILL, BANK, etc	L.	WOIR	Visiase
10. Oete deceased fest worked et this occupation (month and yeer)	11. Totel	time (yeers) ent in this cupetion Life	
12. BIRTHPLACE (city or town)(State or country)	Dorchester	Co.	Other Contributory Causes of Importance:
# 13. NAME William	James Har	ris.	
14. BIRTHPLACE (city or town)	Dorcheste		Name of operation Oete of Whet test confirmed diegrasis MANGEL And West there an autopsy?
# 15. MAIOEN NAME Loui	sa Adaline	Spicer	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME LOUI 16. BIRTHPLACE (city or town) (State or country)	Delawa	re.	Accident, suicide, or homicide?Oete of injury
17. INFORMANT ISABC G	Harris,	R.F.D.	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Del Date Mai		Manner of injury
	ptom & Sor eralsburg.	n. Md.	24. Was disease or injury in any way related to occupation of deceased? N 8
20. FILEO Mar. 13", 1936	el tarlette	Registrar.	(Signed) frank M. (Inderson M. C.

mation should be carefully supplied. -WRITE PLAINLY

TION is very important. See instructions on back of certificate.

V. S. No. 1

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		-		
/	R	K.	18	
	B	R	3	
1		_	8	
	_			

PHYSICIANS should state b. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

nation should be carefully supplied.

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	ILAND	——(B) 280	;()
County Dorchester		Registration Dist. No. II6	
Village or City Cambridge, Md.		No St	Ward
Length of residence in city or town where deeth occurred		death occurred in a hospitator institution, give its NAME instead of typet and nu	mber)
2. FULL NAME John W. Henry (a) Residence: No. 18 Pelasant S (Usualplace)		St., 4Ward. If U. S. Veteran, specify WAR NO St., 4Ward.	tate
PERSONAL AND STATISTICAL PARTIE	CULARS	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCE	RIED, WIDOWED, (write the word) (Wed.	21. DATE OF DEATH March 7-th (Dey)	193.6. (Yeer)
5a. If married, widowed or divorced Amata Hurley (or) WIFE of		22. I HEREBY CERTIFY, That I attended do march 3, 1936, to march 7	ceased from
6. DATE OF BIRTH (month, day, and year) 4/26/18	76	I lest saw h elive on march 7 ,19 36;	deeth is seld
7. AGE Years Months Days	If LESS then	to have occurred on the dete steted above, at 7 . 20 Pm. M.	
59 IO II	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:	Date of onset
3. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPPR, etc. 9. Industry or business in which work was done, as SILK MILL, SAW, etc. 10. Dete deceased lest worked et this occupation (month and /15/36 sper yeer) 12. BIRTHPLACE (city or town) Salem,	me (years) tlin this 40 pation 40	Constitue May acardial Constitute delatation Thead Deler Contributory Canses of importance:	3-7-3
(Stete or country) Md.		Chronie Deffuse rephiles	
13. NAME John C. Henry		//	
13. NAME John C. Henry 14. BIRTHPLACE (city or town) Saelm, (State or country) Md.		Name of operation Date of Date of What test confirmed diagnosis? Cluster Was there en au	topsyMO
当 15. MAIDEN NAME Mary Dunn.		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary Dunn. 16. BIRTHPLACE (city or town) East New Mary (State or country)	rket, Md	Where did injury occur?	
17. INFORMANT Mr. Floyd Henry. (Address) Cambridge, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, DR REMOVAL	0/76	Manner of injury	
PlecCambridge, Md. Dete 3/	9/36,19	Neture of injury	
19. UNDERTAKER Granville S. LeCo	1400	24. Wes disease or injury in any wey releted to occupation of decessed? If so, specify)
20. FILED 2-9, 1936 July 2	Registrar.	(Signed) (Address) Cambridge Med.	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BERNESE STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

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20. FILED MOZ 12, 1936

of infor-

ı	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 2861
1	PLACE OF DEA	TH			48
	County Dorch				Registration Dist. No. // D
	Village or CityC	abin Cre	eek, Md	•	No. St., Ward
			_	(If	No. X St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth? yrs. mos. ds,
2	FULL NAME N	ina Ade	le Higg	ins.	If U. S. Veteran, specify WARNO
	(a) Residence: No	Cabin (St., Ward. If nonresident five city or town and State
	PERSONAL AN	ID STATISTIC	(Usual place		MEDICAL CERTIFICATE OF DEATH
3. S	1	R OR RACE		RIED. WIDOWED,	21. DATE OF DEATH
		200	OR DIVORCE	(write the word)	March (Month) (Day) (Year)
	emale Wh	ite	Wido	wed.	(Month) (Day) (Year)
Ju.	HIISRAND of	e S. Ir	ring Hi	rains	22. / I HEREBY CERTIFY, That I attended deceased from
	(a) mile of Hat	6 0. 11	A TITE III	Parin.	Sept, 15 ,1935, 10 March 21, 1936
6. D	ATE OF BIRTH (month, day	y, and year) I	2/17/18	75	flagt saw h relive on Mar 20 ,1936; death is said
7. A	GE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3.45. Pm. M.
	60	3	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
7	8. Trade, profession, or profession,			1 010200-111111	were stillows: On Date of onset
OCCUPATION	kind of work done, SAWYER, BOOKKEE	es SPINNER, EPER, etc	None		and newsole and Jelius
8	9. Industry or business in	which	x		
C	work was done, as SAW MILL, BANK,				
0	10. Date deceased last wor this occupetion (mo	nth end 🛶	sper	me (years) It in this Dation	
	year)				Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town)	Middle	town, M	d.	
~	(State or country)	TT Manual	770		
FATHER	13. NAME Thos.				
A.T	14. BIRTHPLACE (city or to	wn) Dore	hester	Co. Md.	Name of operation Date of
	(State or country)				What test confirmed diagnosis?
MOTHER	15. MAIDEN NAME S	allie E	. Mowbr	ay	23. If death wes due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Caroline Co.				•	Accident, suicide, or homicide?
(State or country) Md				Md.	Where did injury occur?
17.	NFORMANT Mrs I	ynn B. I		1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR F	REMOVAL	A10 Vis 0		Manner of injury
	Placast New	Mkt., I	1dage 3/	24/3619	Nature of injury
	UNDERTAKER Granv	ille S.	TeComp	te.	24. Was disease or injury in any way related to occupation of deceased?
19.		bridge			If so, specify

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Registrar.

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01 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

1. PLACE OF DEA	TH			#a 4
County Dorch	ester			Registration Dist. No. II6
Village or City_C_a.			(11	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in (city or town where d	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME				If U. S. Veteran, specify WAR NO
(a) Residence: No.	6. Lind	(Usual place o	9	St., I Ward. If nonresident give city or town and State
PERSONAL AT	ND STATISTI			MEDICAL CERTIFICATE OF DEATH
	OR OR RACE	s. SINGLE, MARR OR DIVORCED Sing.	(write the word)	21. DATE OF DEATH Markh 22nd, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	rorced			22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, d	av. end veer) I	2/2/1929	9	I last saw halls alive on man 22 , 1936, deeth is said
7. AGE Years	Months 3	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 • 45 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or kind of work done	perticular as SPINNER.	Student	l ormin.	were as follows: Date of offset
9. Industry or business work was done, es	n which SILK MILL,	x		1.9.3.6
SAW MILL, BANK, 10. Date deceased last we this occupation (myear)	orked at	11. Total tir spen occu	ne (years) tin this X pation	
12. BIRTHPLACE (city or town (State or country))Camb	ridge, 1	Id.	Other Coutributory Causes of importance: Mer 9.
13. NAME Wm.	James Ho	rner.		7.2.2.4.
13. NAME Wm. e	cam Cam	bridge,	Md.	Name of operation Date of Date of What test confirmed diagnosis?
15. MAIDEN NAME M:	lldred E	lizabeth	Richard	
15. MAIDEN NAME M. 16. BIRTHPLACE (city or to (Stete or country)				Accident, suicide, or homicide?
17. INFORMANT WM Ja	ames Hor			(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR Plece Cambrid	REMOVAL		/24/36.	Manner of injury
	nville	S. LeCon	npto.	24. Was disease or injury in any wey related to occupetion of deceased? If so, specify
20. FILED 3-24	1936 9	for me	Registrar.	(Signed) M.D. (Address) Cambridge, M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY

V. S. No. 1

of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

2	6	10	1	7
1	1/4	Ps.		6
-		U		3

1. PLACE	OF DEATH		(46-0)	0.0	
County	Dorchester		Re	gistration Dist. No.	16
Village or	City P. J.	des - manland	Haspital	Mr.	Ward
Village of	bily caution	(III	death ocurred in a hospital or institution, give	e its NAME instead of street an	d number)
Length of re	esidence in city or town where	death occurredyrsmos	ds. How long in U.S. if of forelg	n birth?yrs.a	mosds.
2. FULL N	AMF W. Kaen	mand Hosem	If U. S. Veteran, specify	w WAR	1.
	onn A	to Osland		14-	W.T.
(a) Reside	ence: No. Cecure	(Usual place of abode)		nonresident give city or town a	nd State
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	- 4	
male	156.	OR DIVORCED (rurite the word)	March	24	, 193 36
	owed or divorced	lenknow	(Mon	th) (Day)	(Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divolced		224 , I HEREBY CE	RTIFY, That I attende	ed deceased from
(01) 11112 01			tetruary 28,193	6, to Mar. 24	, 1936
6. DATE OF BIRTH	H (month, day, and year)	Dec 12 1880	I last saw here alive on Man	24 ,193	4_; deeth is said
	eers Months	Days If LESS than	to have occurred on the date stated above	, et . L. 1	
	55 3	7 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and	related causes of importance	
Trade no	ofession, or particular	2 ormin.	were as follows:		Date of onset
kind of	f work done, as SPINNER,	Jera Terman			
9. Industry of	ER, BOOKKEEPER, etc r business in which		Part	t	7
work v	was done, as SILK MILL, MILL, BANK, etc	woter	Laremoma / rue	uini	
10. Date dece	ased last worked et Ca	11. Total time (years)	<i> </i>		
	cupation (month end	spent in this occupation			
	8 00		Other Contributory Causes of importance:		
12. BIRTHPLACE (State or co	,	nes			
1	ountry)				
13. NAME C	Jeorge -	Stoceman			
	CE (city or town)	elcolls,	Name of operation — Close	Dete of	
(State	or country)	ned	What test confirmed diagnosis? Cleric	ecal Was there a	n autopsy?//o
H 15. MAIDEN N	NAME Deck	y gray	23. If death was due to external causes (VI	OLENCE) fill in also the follow	ing:
-	CE (city or town) &	ection !	Accident, suicide, or homicide?	Date of injury	, 19
≥ (Stete	or country)	, suk.	Where did injury occur?		
	R: Cont	Haras man	Specify whether injury occurred in INDU	ecify city or town, county and S STRY, in HOME, or in PUBLIC	
17. INFORMANT (Address)	FODIAN	Emil			
	ATION, OR REMOVAL		Menner of injury	,	
Place &	eliot, 7	x doale 3 - 2 6,1936	Nature of injury		
	111011	. 00. 10.			No
19. UNDERTAKER	J4. J4. 3	veroughou	24. Was disease or injury in eny wey rela	led to occupation of deceased?	
(Address)	cael no	in market the	If so, specify	1 Faux	
20. FILED 3-	25,1936 4	olu moun	(Signed) Organ //	de de	M. D.
Mar.		Registrar.	(Address) Camo	eage wa.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2864
1. PLACE OF DEATH	(48)
County Worollester,	Registration Dist. No. 1 / O
Village or City Township R	NoSt.,Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Cathel M. Hurloc	R
(a) Residence: No. 7 dwolock n	10 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 /8 193. 4
	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Helliam Herlock (or) WIFE of Helliam Herlock	22. I HEREBY CERTIFY, That I attended deceased fr 3/17 1936 to 3/18 193
6. DATE OF BIRTH (month, day, and year) New 1 st 1888	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.4.7. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	were as follows: Carculous a Date of one
9. Industry or business in which	Merce
SAW MILL, BANK, etc	-
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of Importance:
De Siria de la companya della companya della companya de la companya de la companya della compan	
I They are	
14. BIRTHPLACE (city or toyli) (State or country)	Name of operation Date of
15. MAIDEN NAME annie, C. Sishle.	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT William Hurlick MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lurlo L. M. Date Mar 2 2, 1936	Manner of injury
19. UNDERTAKER & B William puly (Address) Surlock & MA	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED MON 2/ , 1936 Plan M. Handing Registrar.	(Signed) Moger Myers M. (Address) He willed med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	11	Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DESEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1936	July 5,1927	Peritonitis	3 days ago	
	REIDEAU V. S.				
Other contributory d	auses of importance:	15	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

M)	item of infor-	should state	of OCCUPA-
•	RECLED. Every i	Y. PHYSICIANS	Exact statement
FARGIN RESERVED FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.
N RESERVED	ING INK-THIS	AGE should be	that it may be
TARGIN	INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

N. B.-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2865
1. PLACE OF DEATH	(80)
County/wortherles	Registration Dist. No. / / 6
Village or City Church breek	NoSt.,Ward
m P	f death occurred in a hospital or institution, give its NAME instead of street and number) sOds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME James Polisand Ja	h
2. FOLL NAME	Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the word)	21. DATE OF DEATH March 17, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from march 12, 19 36, to March 16, 1936
6. DATE OF BIRTH (month, day, end year) Sept 17-1918	1 last saw h Lun elive on March 16, 1936; death is sain
7. AGE Years Months : Days If LESS than	to have occurred on the date stated above, at 10 A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Jahrens SAWYER, BOOKKEEPER, etc.	Bilaleral Lobar Incumous 3/11/3
9. Industry or business in which work was done, as SILK MILL, San Mull SAW MILL, BANK, etc.	
To. Date deceased last worked at 11. Total time (years)	-
this occupation (month and War-16-4 spant in this occupation	
Church Creek	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Cutturn City (State or country)	-
13. NAME Emcesor Jackson	
13. NAME Encepor Jackson 14. BIRTHPLACE (city or town) Church Crecks	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Francis Kenny	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Trancis Kenny 16. BIRTHPLACE (city or town) Church Carech (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Comeron factorine (Address) Church Creck Inc	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Clause buck Date Musch 19, 1936	Manner of injury
19. UNDERTAKER Wondyal Richardson (Address) Church Creek Will	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 3-18, 136 July 1000 Receipter.	(Signed) A. S. Mercus M. I (Address) Camparder med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

*	Example I	1	Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial ner	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 8 1930	July 5, 1927	Peritonitis	3 days ago	
	DUPEAU V. S.				
Other contributory	causes of importance:	2	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenleritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage API 8	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
teriosclerosis	APR 8 1000	1915	Attack of epilepsy	1 week ago	
ronic interstitial nephritis	* * * * * * * * * * * * * * * * * * * *	1921	Run over by street car	1 week ago	
rebral hemorrhage	Line Commence	July 5,1927	Peritonitis	3 days ago	
ther contributory causes of i	mportance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
llstones		May 1,1923	Gastroenteritis		

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Langth of residance in city or town where death occurred. 14_ds. U. S. Veteran, specify WAR (a) Residence: No. 6 If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorcad HUSBAND of 22. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, at 2. 2 F.m. 1 dey....hrs 0 The PRINCIPAL CAUSE OF DEATH and related causes of Importence or min. Date of onaet Trade, profassion, or particular kind of work done, as SPINNER, 4 ~~ SAWYER, BDOKKEEPER, atc., . Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER

15. MAIDEN NAME

14. BIRTHPLACE (city or town)_9

(Stete or country)

16. BIRTHPLACE (city or town) (Stete or country)

17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Accident, suicide, or homicide?_____ Dete of Injury_____ Where did injury occur?_. (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

23. If death wes due to externel causes (VIOLENCE) fill in elso the following:

Nature of injury 24. Was disease or injury in any way related to occupation of deceased?_

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Name of operation

Manner of injury

What test confirmed diagnosis?_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	0	Example II	
The principal cause of death artirelated causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
and the second s			

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Horghester	Registration Dist. No.
Village or City Lecketary	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. A.J.
	N-1 ×
(a) Residence: No. (Usus i place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) SHARED	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WHEE of Margrel Muir La Logo 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended deceased from 3/4, to 3/11, 1934, death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	+ mysesoditie
work was done, as SILK MILL, SAW MILL, BANK, etc.	\
10. Oate deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Butich West Indie, (State or country)	Other Coutributory Causes of importance:
II 13. NAME Police 4. La Luca	T
13. NAME Token 4. La State 14. BIRTHPLACE (city or town) Rhohe abeliand (State or country)	Neme of operation Oete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mry John La Stois. (Address) Hartary	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Sun Market Date Mov 14, 19.36	Manner of injury
19. UNDERTAKER A. T. Willaughly (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO, 19	(Signed) My M. I

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Example I	AND THE PROPERTY OF THE PARTY OF		Example II		
eath and related	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
400.0	1000	1915	Attack of epilepsy	1 week ago	
8		1921	Run over by street car	1 week ago	
BU DEAU	V.S	July 5,1927	Peritonitis	3 days ago	
produces and any in the risks. In the high parameters of the		3 1000			
es of importance:			Other contributory causes of importance:		
		May 1,1923	Gastroenteritis	1 year	
	leath and related	eath and related causes	leath and related causes bate of onset bllows: 1915 1921 July 5, 1927 es of importance:	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

certificate.

See instructions on back of

FION is very important.

1	L. PLACE OF DEATH County Dorchester			(86-50) ×	
				Registration Dist. No. II6	
	Village or City Thomas	Ma.	/10	No. X St.,	Ward
	Length of residence in city or town when	e deeth occurred		death occurred in a hospital or institution, give its NAME instead of street and n	
-	2. FULL NAME Alexande			If U. S. Veteran, specify WARNO	
-	(a) Residence: No. Thomas	Usual place		St., X Ward. If nonresident give city or town and it.	State
	PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male White		RRIED, WIDOWED, ED (write the word) i.e.d.	21. DATE OF DEATH March 5th, (Month) (Day)	193_6(Year)
5e.	If married, widowed, or divorced HUSBAND of Louisa Th	20000			(1341)
	(or) WIFE of	lomas.		22. I HEREBY CERTIFY, That I attended of	
-				7. 1. 21 ,1936, to March o	
6.	DATE OF BIRTH (month, day, end yeer)	4/9/18	53	I lest sew h um elive on March 2, 1936	; deeth Is said
7.	AGE Years Months	Oeys	If LESS then	to have occurred on the dete steted above, et_I2_3Qm_A.M.	
-	82 IO	26	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
z	8. Frade, profession, or perticular				Date of offset
01	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Farme:	r		
PAN	J. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	(Dirt)	Broucho poseumonia	
000	10. Date deceesed last worked et this occupation (month and 192 year)	11. Total	time (years) ent in this 70		
12.	BIRTHPLACE (city or town) DOT CL (State or country)	ester C	o Mđ.	Tractice West of Me femile Line to Dive to recidental Falls	4/6/31
없	13. NAME Louis Marsha	.11		Fell, whole getting out of led quiles	
FATHER	14. BIRTHPLACE (city or town)DOX		Co.	Neme of operation Oate of	
FA	(State or country)	VHOD VOL.	Md.	What test confirmed diagnosis? Was there an a	
22	15. MAIDEN NAME Nellie Se	ward.		23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) DORG (State or country)	hester (Accident, suicide, or homicide? Occident Oate of injury	
_	INFORMANT Mrs. A. B. 1 (Address) Thomas Mc		M.C.	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	OE.
18	BURIAL CREMATION, OR REMOVAL			Manner of Injury Occidental fall	
	Plece James, Md.	0ete 3/	7/36. 19		
_	. UNOERTAKER Granville (Address) Cambridge	S. LeCo	mpte	Nature of injury	M. D.
20	FILED 3 - 7 , 1936	my	Registro	(Address) Cambridge This	
			4/18/36/6/7.	" (''WI'033)	Mantenana

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1			Example II		
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Arterioselerosis	TENT POST OF THE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritts -	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	APR 8 1000	July 5,1927	Peritonitis	3 days ago	
		(
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			*	HULL TO	

BINDING

RESERVED

V. S. No. 1

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Chronic interstitial nephritis ADD 9 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
il comail V. S.				
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

D. Every item of infor-HYSICIANS should state t statement of OCCUPA-	2	County Village or City Length of residence in city or to P. FULL NAME (a) Residence: No.	2
REC. PF.	3. 5	PERSONAL AND ST	_
L'Y.	0	mar w	
FOR BINDING IS A PERMANENT REd stated EXACTLY. F properly classified. Exacetificate.	5a.	If married, widowad, or divorced HUSBAND of (or) WIFE of	
BIN EX EX cl	6. 1	DATE OF BIRTH (month, day, and)	/ea
FOR BI IS A PE stated E properly certificate	7. /	213	M
	-	8. Trada, profession, or particula	-
	TION	kind of work dona, as SPI SAWYER, BOOKKEEPER, e	tc
SERVI NK-T should it may in back	SA SA	9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	111
RESERVED NG INK—THIS AGE should be that it may be ons on back of	၁၁၀	10. Date deceased last worked at this occupation (month and year)	t
Z G S E	12.	BIRTHPLACE (city or town)	/
NF, NF, plie	THER	13. NAME China	7
M A I See	FA	14. BIRTHPLACE (city or town) (Steta or country)	
WY eful in p	HER	15. MAIDEN NAME MA	-
X, Car, TH	MOT	16. BIRTHPLACE (city or town) (Stata or country)	- ~
MARGI -WRITE PLA Y, WITZ UNFAI mation should be carefully supplied. CAUSE OF DEATH in plain terms, TION is very important. See instru	17.	INFORMANT Chira (Address)	1
TTE Ion sho	18.	BURIAL, CREMATION, OR REMOV	Al
B.—WRITE PLA mation should CAUSE OF DI	19.	. UNDERTAKER (Address)	-
V. S. No. 1 N. B.— M. C. C.	20.	FILED 3/5/ 1936	

STATE OF MARYLAND	CERTIFICATE OF DEATH 2872
1. PLACE OF DEATH	20
County Corsust	Registration Dist. No.
Village or City Canal	No. St., Ward death occurred in a horpital or institution, give its NAME integral of street and number)
	death occurred the hospital of histogram of histogram of street and futilities of the street and futili
2. FULL NAME mc haman	MATE LIA
(a) Residence: No. (Usual place of abode)	death occurred in a horpital or institution, give its NAME integral of street and number) ds. How long in U.S. II of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DI VORCED (write the word)	21. DATE OF DEATH 3 (Month) (Day) (Year)
5a. If married, widowad, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 3/3/, 1936, to 3/3/, 19.3 \(\)
6. DATE OF BIRTH (month, day, and year) 3/3/36	i last saw h aliva on ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated abovo, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
13 Mis attack ormin.	were as follows:
8. Trada, prolession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 + 10 - 2 - 2
9. Industry or business in which	1
work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at this occupation (month and spant in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) II 13. NAME Chirtches Michause	
13. NAME Chartesta, Juchan	72 -
14. BIRTHPLACE (city or town) (Steta or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy? May
<u> </u>	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stata or country)	Whera did injury occur?
17. INFORMANT Chilothe Trachamana (Address) le Torres 18	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Destroyed at Carel. Horpital	Manner of Injury
19. UNDERTAKER(Address)	24. Was diseasa or injury in any way related to occupation of decoasad?
20. FILED 3/5/ , 136 John Month	(Signed) July 2002 J. M. D. (Address) Campy my
If more blanks are needed, address State Registrar	TAYE N. Charles Street Belgimore Pequesting 7) S. No. 2

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APR 8 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PIIYSICIAN
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BINDING 73 THIS RESERVED may plnods that RGIN supplied. terms, plain carefully i. OF DEATH pe plnous

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WRITE

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Kedress)

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APR 8 1936			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

2	0	249	1
0	0	-	2

1. PLACE OF DEATH				98-c) X	
County Dorchester				Registration Dist. No. II6	
	Village or City Cambridge	Md.	4	No. St., Ward	j
	Length of rasidence in city or town where o	looth occurred		death occurred in a hospital or institution, give its NAME instead of street and number)	
			yrs,mos	Coan	•
2	FULL NAME Ella Mit			If U. S. Veteran, specify WAR	-
	(a) Residence: No. Muir St	(Usual place of	(f abode)	St., 3 Ward. If nonresident give city or town and State	-
8	PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	*
3. S	wm le 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED WIOW	(write the word)	21. DATE OF DEATH March 23, , 193 6 (Month) (Day) (Year)	-
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clarer	ce Mitc	hell.	22. I HEREBY CERTLEY, That I attended deceased from	n
6. 1	DATE OF BIRTH (month, day, and year)	¥875_	unknown	I last saw h_22_ alive on mar 23, 1936; death Is sain	ď
7. /	GE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at II A M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ارة
PATION	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	None.		Juflienza Mar 18	
	Industry or business in which work was done, as SILK MILL,	x			_
OCCI	SAW MILL, BANK, etc	11. Total til	tin this		
12.			o. Md.	Other Continuory Causes of importance myocardiles ?	-
ER	13. NAMEJohn W. Hill				-
FATHER	14. BIRTHPLACE (city or town) Dorch (State or country)	ester Co	o. Md.	Name of operation Oata of Oata of What test confirmed diagnosisticulal Sign Was there an autopsy?	-
ER	15. MAIDEN NAME Not K	nown		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	64		Accident, suicide, or homicide?	-
17. INFORMANT Melvin Mitchell (Address) Wilmington Del.			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Data 3/25/36 to			25/36	Manner of injury	-
19. UNDERTAKER Granville S. LeCompte (Address) Cambridge Md			npte	24. Was disease or injury in any way related to occupation of deceased? If so, specify	-
20.	FILED 3-25-, 1936 Ja	hon n	Registrar.	(Signed) Sulland M. [(Address) Cambridge md	D.

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Example I Example II The principal cause of death and related causes. The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

N. B.-WRITE

V. S. No. 1

of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2875
	1. PLACE OF DEATH	
	county Horohester	Registration Dist. No. // O
	Village or City Tues Marderdale	No. St., Ward
	- (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residanca in city or town where deeth occurredyrs,moy	
	2. FULL NAME Offer, O , flurp	If U.S. Veteran specify WAR
	(a) Residence; No. (Usual place of aboye)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 1936
	5a. If marriad, wigowad, or divorced	(Month) (Day) (Yaar)
	(or) WIFE of Woolfer & Murphy	22. Oct 29 1935 to March 30 1936
e.	6. DATE OF BIRTH (month, pay, and year) Celly 1st 1884	I last saw h. E. r. aliva on March 30, 1936; daeth is sald
cat	7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at
rtif	5-2 8 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance were as follows:
of certificate	8. Trade, profession, or particular kind of work done as SPINNER	
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which	Aut of ained Hubertences 1936
acl	work wes done, es SILK MILL,	The contract of the contract o
instructions on back	10. Date daceased last worked et this occupation (month end year) part in this occupation	
ion	0	Other Contributory Causes of Importance:
net	12. BIRTHPLACE (city or town) (State or country)	Cerebral Homonlinal 8/3/1935
nstı	13. NAME her Short	Cerebral Hamonhold 3/29/26
e ii	14. BIRTHPLACE (city or town)	Name of operation. Date of
See	(State or country)	What test confirmed diagnosis? Passer Lia Ads the an autopsy? No
nt.	15. MAIDEN NAME Cembere Lord	23. If death wes due to axtarnal causes VIOLENCE filf In also the following:
important.	15. MAIDEN NAME Couldene dord 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
upo	S (Stete or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT WITH THE MUREUM	Spacify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
i is very	18. BURIAL, CREMATION, OR REMOVAL Place Reside Street Date Special 32, 1953	Mannar of injury
TION	19. UNDERTAKER JO Phillos Affects	24. Was diseasa or injury In any way related to occupation of deceasad?
1	(Address) Swelpark	If so, specify
)	20. FILED afril 2, 1936 Chashtashings	(Signed) 7 M. D.
-	Registrat.	(Address) Thomas will a first

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	Example II	7
The principal cause of death and related causes Date of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Q15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 193	Peritonitis	3 days ago
de de		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,192	3 Gastroenteritis	1 year

WRITE PLAINLY,

KD. Every item of infor-

STATE OF	MARY	AND-CE	RTIFICATE	OF	DEATH
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n	(200	6	8
2	3	6	1)

	1. PLACE OF DEATH	108		
	County Darchester.	Registration Dist. No.		
	Village or City Hur Rock, Lout-side)	NoSt.,Ward		
	Length of residence in city or town where death occurred 6.8 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.		
		St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Temale. Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March, 1936 (Month) (Dey) (Year)		
certificate.	5a. If merried, widowed, or divorced HUSBAND of Soseon Murricey. 6. DATE OF BIRTH (month, day, end year) 18 68, 42-20 7. AGE Yaars Months Days If LESS than 1 day,hrs. or	22. I HEREBY CERTIFY. That I attended deceased from 3/7/36, 19, to 3/9/36, 19 I last saw h alive on 3/8/36, 19; death is seid to have occurred on the date stated above, at 1/20 Pm.		
on back of c	8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Lobar (Junimonia)		
instructions	12. BIRTHPLACE (city or town) Dore Sester Co. (State or country)	Other Contributary Causes of importance:		
	13. NAME Rogert Bass. 14. BIRTHPLACE (city or town) Drechester Co.			
See	[State or country]	Name of operation Date of		
		Whet test confirmed diagnosis? Was there an autopsy?		
important.	16. BIRTHPLACE (city or town) Dorchester Co. (Stata or country)	23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide?		
very	(Address) O Hurrock, Md. R. F. D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
.20	18. BURIAL, CREMATION, OR REMOVAL Place Feder and war Mar Date Mar 22nd 1936	Menner of injury		
TION	19. UNDERTAKER S. T. Tramptom & Son (Address) Federals Pung. Md.	24. Was diseesa or injury in any way related to occupation of deceased?		
(1	20. FILED/Naulle 22, 1931 Las letter Registrar.	(Signed) (Signed) M. D. (Address) Tourismonth M. D.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- HREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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21	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2877
	1. PLACE OF DEATH	159
	county Al mehiner	Registration Dist. No. 1/0
	Village or City Hear Hurlocks	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Infant Parker	1f U. S. Veteran, specify WAR
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTLEY, That I ettended deceased from
	6. DATE OF BIRTH (month, day, and year) Feb 84 1936	last saw h = alive on 2 1 25 1986 : deeth is saint
icar	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
11 11	2 / 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
5	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER ROOKEEPER at a	The state of the s
N.	9. Industry or business in which	premieron Result
Dac	work was done, as SILK MILL, SAW MILL, BANK, etc	
IS OU	SAW MILL, BANK, etc	
ctions	12. BIRTHPLACE (city or town) Nr. Aurlock md	Other Coatributory Causes of importance:
רנת	(State or country)	
SHI	13. NAME Leven Carker	
aac	13. NAME Levin Carker 14. BIRTHPLACE (city or town) Plenney	Name of operation Oete of Oete of
	(State of Country) - Trung and	What test confirmed diagnosis? Was there an autopsy?
anr	15. MAIDEN NAME Elezabeth (edams)	23. If death was due to external couses (VIOLENCE) fill In elso the following:
OLE	16. BIRTHPLACE (city or town) New Aurlow R (State or country)	Accident, suicide, or homicide?
mp	(State or country) Merifliant	Where did injury occur? (Specify city or town, county and State)
ery 1	17. INFORMANT Servi Carlock Miles	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
2	18. BURIAL, CREMATION OR REMOVAL Developed March 19.36	Manner of Injury
7	Place / Washington Cemer Date / Muron, 19.36	Nature of injury
DIT	19. UNDERTAKER Terin Parker Halter) (Address) Hurlock mayland	24. Was disease or injury in any wey related to occupation of deceased?
7	20. FILEO Mel 1 , 1936 Ches W Harlings Registrar.	(Signed) M. O. (Address) M. O.
Total S	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes - Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state Every item of inforExact statement of OCCUPA-

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

County Derehecter	Registration Dist. No. 1/D
Village or City Herrica	ND. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME PLUE	If U. S. Veteran, specify WAR
(a) Residence: No (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (way the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
May X 194	1936, 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h allve on, 19_3 Codeath is sain
9 — 1 day,hrs	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Bronch D Inches
8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The broach preumonia was
10. Date deceased last worked at this occupation (month and year)	pumsay a Curg of
12 BIRTHIDI ACT (citu or Acura)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or couptry)	
13. NAME Chas Facker	
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hattlebrus Somples	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME TO SUBJECT STATES OF TOWN)	Accident, suicide, or homicide? Date of injury
E (State or country)	Where did injury occur?
17. INFORMANT Class Carrey (Address) Kurls	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Nachunglin Date 740 5, 193	Manner of injury
10 HOSERAND FOB / Stillinghly	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify \ \frac{1}{2}
20. FILED MOS 5 , 1936 (Shewithanking)	(Signed) A Torong M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related of importance were as follows:	VEDI	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1036 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
BUREAL	J V. S.		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroenteritis	1 year

important.

OF

CAUSE

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M	-THIS IS A PERMANENT RECOMD. Every item of infor-	ould be stated EXACTLY. PHYSICIANS should state	may be properly classified. Exact statement of OCCUPA-	
	D. Every	IYSICIANS	statement	
	r REC	Y. PH	Exact	
RVED FOR BINDING	RMANENT	XACTL	classified.	
<u>B</u>	PE	田田	rly	oto
FOR	IS A	stated	prope	atende of contificate
Q	SHI	be	pe	30
RVE	T	plno	may	Joor

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester Registration Bist. No. Village or City Cambridge, Md. (If death occurred in a hospital or institution, give its NAME instead of greet and number) Edith Hill Richardson. If U. S. Veteran, specify WAR Ave. Linden. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Female White Married 5a. If marriad widowad or divorcad HUSBAND of Wm. Howard Richardson. CERTLEY. That Lettanded daceased from (or) WIFE of 9/22/1917 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars If LESS than Months Days 1 day.____hrs. T8 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... ATION House Wife 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... Home 11. Total tima (years) this occupation (month end occupation _. 12. BIRTHPLACE (city or town) Dorchester Co. (Stata or country) FATHER 13. NAME James Hill. Dorchester Co. Nama of operation_ 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME Lyda Robbins. 23. If daath was dua to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury Place James. Md. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER 5 If so, spacifi Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
AFR 8 2506			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

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STATE	OF	MARYLAND—CERTIFICATE OF DEATH	2880
DEATH		<u> </u>	

1. PLACE OF DEATH	
County backesles	Registration Dist. No. // 2
Village or City Reed's Lune md	No. St. War
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME . Bahy Yedeaul	
(a) Residence: No. Keeds Line Ind (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March / 8 , 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased fro
6. DATE OF BIRTH (month, day, and year) March 18-1936	, 19 , to , 19 , 19 , death is sa
7. AGE Years Months Days If LESS than	
tellbann. 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of one
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	no physician
12. BIRTHPLACE (city or town) Reeds Lune (State or country)	Other Contributory Causes of importance:
13. NAME Gened Japlasun	
14. BIRTHPLACE (city or town) Reids Grane	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME /felan Redeoul -	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Louis Redeard.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Reedo Sarne.	
18. BURIAL, CREMATION, OR REMOVAL Place Cerola Sune Data March 19, 193	Manner of Injury
19. UNDERTAKER tamly. (Address) Ruds Howe	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 19, 1936 Elizabeth Jr. brok.	(Signed) Elizabeth & Graff Rosal Regist

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepty	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 8 A IV adila	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9887 9 447	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL STACE F	on Fontilla Sizilla	DI I II I DI LAIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(97)
County Dar ela o alex	Registration Dist. No. / / 6
Village or City Cambridge	Nostern Il are State Horas. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Obas Thows	If U. S. Veteran, specify WAR
(a) Residence: No. Bentreville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
a. If married, widowed, or divorcad	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended decaased from
0. 1. 100	19 No, 10 7 March 3, 19 36
DATE OF BIRTH (month, day, and year) December 6 / 80	Mast saw heart aliva on March 315, 19.3 6; death is said
. AGE Yaars Months Days If LESS than 1 day,hrs.	Vto have occurred on the data stated above, at 2. 1.2 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
00 2 a ormin.	wera as follows:
Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEEPER, atc Lay laborer	
SAWYER, BOOKKEEPER, atc	Gereleralarterio-scleroses 192,
work was done, as SILK MILL, factorial Companion	
11. Total time (years)	7
this occupation (month and year) spent in this 25	
100 m	Other Contributory Canses of importance:
(State or country)	-
	T
and the second	
(State or country) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?_/
15. MAIDEN NAME Mary Solloway	23. If death was dua to external causes (VIOLENCE) fill in also the following:
f5. MAIDEN NAME Mary Solloway f6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMATION Stern That Tale Noop Tecar	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cambridge - Sprangla 18. BURIAL, CREMATION, OB REMOVAL	
1 7 0 1 1/2 0 3/	Manner of injury
Place Date 19 00	Nature of injury
19. UNDERTAKER / Darton / Sura	24. Was disease or interv in any way related to occupation of deceased?
(Address) Centreville ma	If so, specify
20, FILED 3-3 1936 John mon h	(Signed) Kushed Japanery M. D
Registrar.	(Address) January William
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. Nd. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3.5)
County Darchister	Registration Dist. No.
Village or City Combudge	NoSt., Ward
	death occurred in a horpital or institution, give its NYAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Tran Victoria Slate	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 241 But	St., Ward.
(Vaual place of abode)	If nonresident give city or town and Spate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5al/If married, widowed, or divorced HUSBAND of (or) WIFE of William Slater	I HEREBY CERTIFY. That attended daceased from
6. DATE OF BIRTH (month, day, and year) Thank 11 1857	Plast saw h est alive on Reach 25 , 1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30 m.
79 U 14 Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, Law August &	Cerebral Remondage 1-29 34
SAWYER, BOOKKEEPER, etc.	Almephine 1.29.36
work was dona, as SILK MILL,	(Swithophumone (seenday) 3-21-36
10. Data deceased last worked at this occupation (month and 17/5 spent in this year)	
12. BIRTHPLACE (city or town) Cambridge MA (State or country)	Other Contributory Connect of importance: 1-
	artemoselihar 1934
13. NAME John Real. 14. BIRTHPLACE (city or town)	Name of operation
(State of Country) Ly or will the to . Ma	What test confirmed diagnosis? Clinical Was there an autopsymp
15. MAIDEN NAME Violet Bradley	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Violet Bradley 16. BIRTHPLACE (city or town) (State or country) Darchester Co. Md.	Accident, suicide, or homicide?
17. INFORMANT Altice Slater (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Woreyk Cemeley Date /har 19,1926	Nature of injury
19. UNDERTAKER TO THE Comment of Careful Ad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 - 28 1936 Com 2000	(Signed) M. D.
Registrar.	(Address) Am YCLUM

ess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," the particular kind of store, factory, mill. etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis PECEIVED		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 8 1888	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			S	
County Porchester			Registration Dist. No. 116	
Village or City Jalem			No. St W	Vard
Length of residence in city or town where d	anth accurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos	
Diane	each occurred	9- M	grsyrsyrsmos	03.
2. FULL NAME Still	mm X	canley	×	
(a) Residence: No.	(Usual place	of shode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
m Col.		D (write the word)	March 14, 193 6	
5e. If married, widowed, or divorced		1	(Month) (Day) (Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased	from
	1	14,1936	, 19, to, 19	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	rach		I last saw h alive on; death is	sald
. AGE Teals WORCHS	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
N Toda potania po potania		ormin.	were as follows:	nset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			(I+ int +)	
9 Industry or business in which			man friedrich	
work was done, as SILK MILL, SAW MILL, BANK, etc.			no physican, mather	
70. Date deceased last worked at this occupation (month end year)	spe	ima (years) nt in this upation	alluna ng susasu qu	
12. BIRTHPLACE (city or town) &al	lem,	md.	Other Contributory Causes of importance:	
I 13. NAME William	Pritel			
14. BIRTHPLACE (city or town)	1		Name of a section	
(State or country)	4-4		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Maria	Stan	lead	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Cotto or country)		nery	Accident, suicide, or homicide?	
(State or country)	1		Where did injury occur?	
17. INFORMANT Ammie Jac (Address)	houn ;	mdwife	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	caque		Manner of injury	
Place at home	Date Ma	red 14, 19.36	Nature of injury	
19. UNDERTAKER Jamily	tem		24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED mad 14, 19 36 9	show me	Refistrar.	(Signed) Mr May LR (Address) Caruland Md.	M. D.
If more l	lanks are needed,	address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 6, 1927	Peritonitis	3 days ago
956[8	AVW .		
Other contributory causes of importance.	OEE	Other contributory causes of importance:	
Gallstones	May 1 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

- Lig B.

CERTIFY. That t attandad deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Currical Was there an autopsy? 23. If death was due to external causes (VtOL ENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of Injury______ 19____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of decaased? tf so, specify (Address) _. If Chore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

19. UNDERTAKER

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH (288)
1. PLACE OF DEATH	
County Workesler	Registration Dist. No.
Village or City Cambridge	NoSt., Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance In city or town whara death occurred Chi yrs. mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Dennis Stewart	St., Let Ward.
(a) Residence: No. Pine	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much 14
- will colored single widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
tor) HITE of Cincile Steward	The Reb Certiff . That I attended deceased from
6. DATE OF BIRTH (month, der, and year)	Hast saw h alive on 3/12 19 % deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9:30 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Trada, profassion, or particular	ware as follows:
6 kind of work dona, es SPINNER, Leweral Labor SAWYER, BOOKKEEPER, atc.	Condio must Vasculo discus
Industry or husiness in which	
work was dona, es SILK MILL, Chuffy Worlens SAW MILL, BANK, etc.	
19. Date decaasad last worked at this occupation (month end spantin this spantin this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	
(Stata or country) Willow Commercial Control Commercial Control Contro	sendit Takens recevis
13. NAME Edward Slewart	
13. NAME Edward Slewart 14. BIRTHPLACE (city or town)	Name of oparation Dete of
(State or country)	What test confirmed diagnosis? Was thara an autopsy? 1
15. MAIDEN NAME Suzau Waters	23. If deeth was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) NOZCHELLE CO, IMA	Where did injury occur?
17. INFORMANT Charles Cornish	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Pine of, Cambridge Med	
18. BURIAL, CREMATION, OR REMOVAL Place Bethel Cemetery Date 3-17 1936	Manner of injury
Placa 13 state Centerry Date 2 , 193 L	Netura of injury
19. UNDERTAKER TO MUSICELLE	24. Was disease or injury in any way ralated to occupation of decaased? W
(Addrass) 308 Melex St, Cambridge Md	If so, specify
20, FILED 3-11 1936 total	(Signad) M. D.
Registra.	(Address) Cambroy Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2886
1. PLACE OF DEATH	(Pa)
County & Grahester	Registration Dist. Np. 4 / 1 / 6
Village or City america	Negstern there State to hata Ward
Length of residence in city or town where dearn occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
EDD "WILSON	
2. FULL NAME Sphraim Townsen	o If U. S. Veteran, specify WAR
(a) Residence: No. / Clara Expode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marries	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Croffer	2. HEREBY CERTOFY, That I attended, deceased from July 23 % 1935 to March 6 Hig 3 6
6. DATE OF BIRTH (month, day, and year) Dello Berly 44-1880	I last saw him alive on March 6 This of death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.40A-m.
55 46 22/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada, profession, or particular kind of work dona, as SPINNER, Coast Luardeman SAWYER, BOOKKEEPER, etc.	Data of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1936
this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Sellywelle (State or country)	Diber Contributory Canada of Importance: Grant Antonio relleration 1930
E 18 NAME UT STORE STATE TOWNS 18	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town) Selections	Name of operation Date of
(State or country) Delaufrasa	What test confirmed diagnosis? Was there an autopsy?_228
15. MAIDEN NAME Verresta Velleans	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) Any Selbyrelle	Accident, suicide, or homicide? Date of injury19
(State or country) Delactar	Where did injury occur?(Specify city or town, county and State)
17. INFORMATION Secretary that Hall Hook VEcch	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Dela Mal 10, 19 36	Manner of injury
19. UNOERTAKER W. Bush and	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILEO. 3 6 , 1936 John Monday.	(Signed) Carles Capter M. D.
If more blanks are needed, address State Registrar	2411 N Charles Street Beltimore Requestions 71 S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	fi	Example II		
The principal cause of dea of importance were as follow	th and related causes ows:	Date of onset	The principal cause of death and related of importance were as follows:	causes	Date of onset
Arteriosclerosis		1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis		1921	Run over by street car		1 week ago
Cerebral hemorrhage	2 8 5	July 5,1927	Peritonitis		3 days ago
	7 2 0				
Other contributory causes	of importance.	V	Other contributory causes of importance:		
Gallstones	Q \$ A	May 1,1923	Gastroenteritis		1 year
	5 2			734	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORRECTIONS OF ITEMS 2,6, 7, and 13 made by letter filed 4-20-36 under Dr. LaPierre.-L.

M	m of infor- nould state OCCUPA-
	N. B.—WRITE PLALKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	RECOR
NDING	RMANENT X A C T L) classified.
FOR BI	IS A PEI stated E properly certificate.
AARGIN RESERVED FOR BINDING	K—THIS thould be t may be back of
IN RES.	DING IN I. AGE s so that is uctions on
PARG	TH UNFA y supplied ain terms, See instr
	Ly, WIJ carefull TH in pl
	PLAL should be OF DEA
No. 1	N. B.—WRITE PLALKLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.
V. S. No. 1	z (T

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2887
County Suchester	(108)
MIAN	Registration Dist. No. 116
Village or City (If Length of residence in city or town where daatii occurred / yrs. 3 mos	No. St., Ward f death occurred in a hospital or institution, give (to NAME instead of street and number)
2. FULL NAME Asthe Naushn	t death occurred in a hospital or institution, give (to NAME instead of street and number) ds. How long in U.S. if of foreign birth? dsds
(a) Residence: No. / O O (V ashler) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 3 , 193 C
5a. If married, widowad, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Buyanin Naughr	HEREBY CERTIFY. Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) JA 6 1881	I last saw h_ alive on Transf 21 , 19 34 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3746m.
3-4 / /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, bu Assumbly SAWYER, BOOKKEEPER, etc.	Salar (Jumonia 3-17-3)
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decaased last worked et this occupation (month end year) 11. Total time (years) spent in this 30 occupation 30	
12. BIRTHPLACE (city or town) Quit / (State or country) Combudy 474	Other Contributory Causes of Importance:
(State of country) W members to 1/4	Nama of operation Data of What test confirmed diagnosis? Clause Was there an autopsy?
15. MAIDEN NAME Croline Sines	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Croline Simm 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Southestic Co	Where did injury occur?
17. INFORMANT Calvin Naughn (Addrass) 14 0 W Mandry 8t Balts Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Church, Cacek Data 3-23, 1926	Nature of injury
19. UNDERTAKER Lewis DV. Baynern (Address) Cambudge my	24. Was disease or injury in eny way ralated to occupation of deceased?
20. FILED 3 - 25 , 1936 Jelinino Registrar.	(Signed) Caroll Motelsu M. D. (Addrass) Com Tecla St
	24xx N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributers course of in-	
Gallstones	111.1000	Other contributory causes of importance:	
Vanounes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	1	X	
7		Y	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2888
1. PLACE OF DEATH	(97)
County Harchester	Registration, Dist, No.
Village or City Complex in a l	Les the state of but and
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	2_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Willey	If U. S. Veteran, specify WAR
(a) Residence: No. Cambridge T 8K	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tharefore 320 1936
Thate white married	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Jacqueroll	120 1933 10 march 31 1931
6. DATE OF BIRTH (month, day, and year) march 8 - 18 6 7	I last saw hem alive on March 31 19 36 death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 5. 1.0.2m.
68 1/ 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
Se Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Seretra tarberioscherosco 192
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupetion (month and spent in the year) occupation	water the same and
A A - New A	Other Coutributory Causes of importance:
22. BIRTHPLACE (city or town) (State or country)	
13. NAME Clars Willey 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	Whet test confirmed diagnosis? Was there an autopsy?
I I	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) . Hilmung	Accident, suicide, or homicide?
2 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMATION TO THE ALL CONTROL OF THE CONTROL O	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Commande My Dete Marca 7, 19-32	Nature of injury.
A DIMENT	9.0
19. UNDERTAKER (Address)	24. Wes disease or injury to any wey related to occupation of deceased?
3-5- 3/9	(Signed) Sparing Label M.D.
20. FILED 3 19 5 The Registrar.	(Address) A A A A A A A A A A A A A A A A A A
If more blanks are needed address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEA	TH			(23)	
Cou	intyDore	hester			Registration Dist. No	110
Vill	age or City H11	rlock,	R.F.D.	/10	No	St., Ward
Len	gth of residence in c	ity or town where d	leeth occurred	7yrsmos.	death occurred in a hospital of institution, give its IVALVIE instead of the control of the cont	mosds.
2. FUI	L NAME	infield	Ross W	indsor.	If U. S. Veteran, specify WAR Ye	s. (World)
(a)	Residence: No	Hurl	ock, R. J	F.D. Md.	St., Ward. X	or town and State
PE	RSONAL AN	ID STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF E	EATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married		21. DATE OF DEATH March 21st (Year)				
5e. If merried, widowed, or divorced HUSBAND of Iva Lillian LeCompte (or) WIFE of			te	22. I HEREBY CERTIFY, That I attended deceesed from /// OV 20, 19 36, to War 21, 19 36; I last sew have elive on May 21, 19 36; death is said		
6. DATE O	6. DATE OF BIRTH (month, dey, and yeer) 12/18/1896					
7. AGE	Years	Months	Deys	If LESS than 1 day,hrs.	to heve occurred on the date stated above, et 1.20 Pme. The PRINCIPAL CAUSE OF DEATH and related causes of imp	
8. Tre	39 ede, profession, or p	articular	3	ormin.	were as follows:	Date of onset
9. Inc	kind of work done, SAWYER, BOOKKE	as SPINNERT) 4	sabled '	Veteran.	Lungs.	
9, Inc	dustry or business i work was done, es SAW MILL, BANK,	n which				
3	SAW MILL, BANK, te deceesed lest wo			ime (years)		
10. Da	this occupation (mo	onth and	spe	nt in this		
					Other Contributory Causes of importence:	
	PLACE (city or town)	Alrey	S.,MQ.,.			
	ME Wm. W	Winds	or.			
I	RTHPLACE (city or t			MA.	Name of operation	Dete of
¥ 14. BI	(State or country)	own)	11.67	. N. St. A.	What test confirmed diagnosis?	
0≦ 15. M/	AIDEN NAME M	ary G.	Palmer.		23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso	NAME OF THE OWNER.
16. BIRTHPLACE (city or town) Cambridge Md.			d	Accident, suicide, or homicide? Date of in	jury, 19	
State or country) 17. INFORMANT Mrs. Iva Windsor (Address) Hurlock Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
	L, CREMATION, OR		NEC.		Manner of injury	
	Hurlock		Dete3,	/23/369	Nature of injury	
	TAKER Gran			pte	24. Was diseese or injury in eny way releted to occupation of	leceased?
(Address) Cambridge, Md.				If so, specify		
20. FILED	MC 22	19.3.6	has. W. H.		(Signed)	18 m. D.
				Registrar.	(Address)	Many Company

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II		
d causes	Date of onset	
	1 week ago	
	1 week ago	
	3 days ago	
	1 year	
1 44 1		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	SIACE	T. OIL	LOWITHER	O I ZI I LIMILIM I IO	T) T	THEOROGAM

Every item of infor-

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(J31)		
County Dorchester			Registration Dist. No. I	I 6	
			No. X. St., death occurred in a horpital or institution, give its NAME instead of street	Ward	
Length of residence In city or town who	ere death occurred6_7_	yrsmos	ds. How fong in U.S. If of foreign birth?yrs	mosds.	
2. FULL NAMEloina B.			If U. S. Veteran, specify WARNO	***********	
(a) Residence: No. Madis	On, Md. (Usual place	of abode)	St., X Ward. If nonresident give city or lown	and State	
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEAT	Н	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) Led.	21. DATE OF DEATH March 17th, (Month) (Dey)	, 1936 (Yeer)	
5a. If married, widowed, or divorced HUSBAND of John B. Woolen. (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended decessed from 4th. 29 1936 to March 12, 1936		
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	7/I/I86 Days	8 If LESS than 1 day, hrs.	to heve occurred on the date steted above, et 6 • 30 mA • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is said	
8. Trede, profession, or perticufar kind of work done, as SPINNER, SAWYER RODKKERER ATC	<u> I6</u>	ormin.	were as follows:	Date of onset	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Home		Clortic Subjection	Verkers	
10. Date deceased last worked at this occupation (month and I/4/36 spent in this occupation (month and I/4/36 spent in this occupation Life occupation Madison, Md. (State or country)			Other Contributory Causes of importence: Chronic Instituted		
	11.		nephritis		
14. BIRTHPLACE (city or town) Madison, Md.			Name of operation Dete		
(State of country)			Whet test confirmed diegnosis? Was there 23. If death was due to external causes (VIOL ENCE) fill in elso the follo		
15. MAIDEN NAME Valeria Maguire. 16. BIRTHPLACE (city or town) Madison, (State or country) Md.			Accident, suicide, or homicide?		
17. INFORMANTMr. John B. Woolen. (Address) Madison, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Church Creek, 1	Ad. Date 3/	19/36 _{f9}	Manner of injury		
	le S. LeC ge, Maryl		24. Was disease or injury In eny way related to occupetion of deceased If so, specify	7 200	
20, FILED 3-18 ,1936	Hunn	Registrar.	(Signed) a Mercia	m.o.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - 2 - 2 - 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
EUREAU V. S.	100		
Other contributory causes of importance:	-13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

be

GAUSE OF DEATH in plain terms, so that it may

rion is very important.

mation should be carefully supplied.

WITH

N. B.—WRITE PLAINLY,

See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2891		
1. PLACE OF DEATH	(108		
County Norchester	Registration Dist. No. ///		
A +5 1000 6 #			
Village or City Past New Moure	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town whera death occurred yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME // ary 6 / four	4		
(a) Residence: No. Cant run Market	St. Ward.		
(Utual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ford)	21. DATE OF DEATH		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBANO of Cor) WIFF of W	22. I HEREBY CERTIFY, That I attended daceasad from		
1	725 ,1936 , to 3/3 ,1936		
6. DATE OF BIRTH (month, day, and year)	I last saw harmon alive on 3/2/3 , 19 ; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 30 Q m.		
80 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic myseordita Date of order		
9. Industry or business in which work was done, as SILK MILL,			
10. Date deceased last worked at this occupation (month and year) occupation occupation			
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:		
(State or country)			
13. NAME / estey & april 13. NAME			
13. NAME Peddy Software 14. BIRTHPLACE (city or town) (State or country)	Name of operation		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME dont how 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:		
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19		
S (State or guntry)	Where did injury occur?		
17. INFORMANT Samuel Joung (Address) East her Market	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Market Mar 5, 19 36	Manner of injury		
10 HADEDTAKED HA Mullow glely,	24. Was disease or injury in any wey related to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	E E	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis APR 8 193		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIAN
TERRITORINE BURGE FOR FURTIER STATEMENTS BI PRISE	JEAN